



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Dingle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	04 November 2025
Centre ID:	OSV-0003609
Fieldwork ID:	MON-0047080

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre is a large detached two-storey house located in a rural area outside a small town. The centre can provide residential services for a maximum of eight residents of both genders, over the age of 18. Residents with mild to moderate intellectual disabilities, physical disabilities, sensory disabilities and autism are supported. Support to residents is provided by the person in charge, a team leader, social care workers, social care assistants and volunteers. Each resident has their own bedroom. Other facilities in the centre include bathrooms, a sitting room, a dining room, a kitchen, a utility room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 November 2025	07:05hrs to 15:05hrs	Kerrie O'Halloran	Lead
Tuesday 4 November 2025	07:05hrs to 15:05hrs	Lucia Power	Support

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed to inform a registration renewal of the designated centre. The inspection was completed to provide assurance that safe and good quality care was being provided to residents in this centre. This inspection also ensured that appropriate action was being taken and completed by the provider in this centre to ensure compliance with the regulations.

The designated centre had been inspected in March 2025 where a high level of non-compliance with the regulations was found, with two urgent actions issued and a warning letter issued to the provider following the inspection. The centre was again inspected in July 2025 where again a high level of non-compliance with the regulations was found and due to the findings on this inspection the registered provider was requested to submit an urgent compliance plan with regard to the governance and management and complaints of the designated centre.

Overall, on this inspection the findings indicated that the provider had made significant progress in several areas and, as such, had achieved improved levels of regulatory compliance. The provider had ensured to meet the actions which they had outlined in the compliance plan response from the inspection that had been completed in July within the time lines that had been identified.

This centre is registered until December 2025 for a maximum of eight adults to live in the centre. On the day of the inspection seven residents lived in the centre. The inspectors had the opportunity to meet six of the residents on the day of the inspection. The inspection was completed by two inspectors over the course of one day. The inspectors commenced the inspection in the morning in order to observe the morning routine and handover, to meet the staff and residents in the designated centre and observe practices in the centre to gain insight into the daily routines for the residents.

On arrival to the centre the inspectors were greeted by a staff member who welcomed the inspectors into the centre and asked them to sign the centres visitors' book. The inspectors were then introduced to two residents who were up and ready for their day. Both residents were in the living room of the centre and spoke to the inspectors. The inspectors asked the residents their plans for the day and how their lives were since they last meet them in July 2025. Both residents informed the inspectors about their farm work they would be doing for the day and how they were happy. Later in the course of the day the inspectors welcomed the opportunity to visit the farm and garden that the residents enjoyed along with the day service located next to the designated centre.

During the course of the morning and afternoon of the inspection the inspectors meet the other four residents living in the centre. Staff were seen to support the residents with their morning routines and choice of breakfast. One inspector observed the staff handover, the person in charge informed the inspector this takes

place each morning with night duty staff and day staff in attendance, along with management of the centre when on duty. The handover was detailed and included details of how residents slept during the night and support that was given if required. It also included choices residents were given, for example one staff informed the item one resident had chosen for their breakfast. Appointments and plans for the day was also discussed during this meeting. Resident's choice was respected in the centre as inspectors observed some residents preference was to get up earlier in the morning than others.

One resident asked both inspectors to see some paintings they had completed in their bedroom. The resident appeared happy, relaxed and very proud of their painting. The resident also showed the inspectors a certificate they had recently achieved and they were very happy with this. The resident discussed how they would be progressing with this course as they enjoyed it. The resident also informed the inspectors that they were planning on attending a local knitting club and that they were being supported by staff and the person in charge to complete knitting. Later in the inspection the inspectors observed the person in charge sitting with the resident knitting.

While the inspectors were reviewing documentation two residents came to see the inspectors. The inspectors observed during this time when the person in charge was preparing to take their break they invited the resident present along to see if they would like a cup of tea and a chat, the resident appeared pleased with this.

Both inspectors were invited by some of the residents to see the day centre, farm and garden. A resident facilitated the inspectors with a full tour of the garden they love to attend to growing vegetables, along with their hens that they collect eggs from. During this the inspectors were also shown a garden area with a swing and sound chimes. The resident showed the inspectors the farm which they tend to a number of cows, sheep and donkeys and were introduced to the farm manager and other day service users who also assist on the farm.

During this walk around, the inspectors spoke to a resident and staff who were enjoying time in an area outside of the designated centre. The resident appeared happy and content. Staff supporting the resident was knowledgeable of the residents as they enjoyed listening to music that the resident liked and spoke about the resident's upcoming birthday.

The inspectors found that the staff and management team of the centre were working to ensure residents had access to opportunities and activities that they enjoyed. For example, one resident was being facilitated to have regular massages in their home, as they preferred this being facilitated in their home. As mentioned another resident was supported to complete a course and they are hoping to progress this. Other educational opportunities were being explored with this resident to experience new programmes and services.

The inspector had the opportunity to meet four staff members, the house co-ordinator and person in charge on duty on the day of the inspection. The inspectors found that they were all very caring and respectful regarding the care and support

of the residents. Staff were knowledgeable in the support needs of the residents as they identified during the handover that three safeguarding plans were in place for the centre and the appointments that were scheduled to take place on the day of the inspection, such as a chiropody appointment for one resident.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. The provider had various oversight strategies which were found to be effective in relation to monitoring practices and in quality improvement in various areas of care and support. For example, the person in charge kept an action tracker updated which identified actions and information from various audits such as six-monthly unannounced audit and the actions from the compliance plan response from July 2025 inspection. This tracker was updated if actions were completed or approaching and identified a time line for actions to be completed.

The centre had a full time person in charge in place with a remit of this designated centres. The inspectors had the opportunity to meet the person in charge and it was evident in the documents reviewed and from meeting staff that they had oversight of the centre and supported the staff team since their commencement of the role in September 2025.

There was a competent staff team who were seen on the day of the inspection to have kind and caring interaction with the residents. The inspector reviewed a sample of rosters. They indicated that there were sufficient staff on duty to meet the needs of the residents.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place and complaints were being recorded and followed up as required.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations. The provider had

requested to amend details on the application for registration, this was discussed during the inspection and the provider will submit relevant updated documents.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre had a person in charge who was in a full time role. The person in charge had a remit of if this designated centre and had commenced their role at the beginning of September 2025.

Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there and assisted the inspectors throughout the inspection. It was clear that the person in charge was involved in the running of the service and that the residents knew them. It was clear that the person in charge was knowledgeable and clear in the skills that were required in leading a team and ensuring residents received a high quality service.

The person in charge was supported in their role by a house co-ordinator and by the staff team. They also informed the inspectors they were supported by the wider management team, including the area service manager for the centre. In the coming weeks following the inspection a team leader was due to commence their role in the designated centre along with two new members to join the staff team.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual staffing roster was maintained as required by the regulations. The inspector reviewed a sample of roster from September to November 2025. The centre had a number of vacancies in the staff team at the time of the inspection. These vacancies were approximately a third of the whole time equivalent. This was an improvement since the last inspection in July 2025 as the centre had vacancies of just over half of the whole time equivalent. The person in charge provided evidence to the inspector that three staff would be commencing employment in the centre in November 2025, one of these positions included a team leader which would support the person in charge in their role.

From a review of the rosters it identified that there was a consistent staff team in place despite the vacancies. Regular agency staff supported the permanent staff team when required to cover planned, unplanned leave and staff vacancies. Residents appeared very comfortable with staff and staff were very familiar with residents' needs.

The inspectors met with four staff members and the house co-ordinator. The inspectors found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. For example, the house co-ordinator described how they were supporting the residents with their specific interests and how the centre had been working since the last inspection to improve compliance with the regulations.

The inspectors reviewed the staff records for fifteen staff in total, this included the person in charge, house co-ordinator, members of the staff team and agency staff that worked in the centre. The person in charge had ensured that all information had been obtained in respect of the staff working in the designated centre as required under the regulations, which includes information and documents specified under Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

An inspector reviewed the training matrix for the centre. A range of training had been provided for staff who worked in the centre. The inspector viewed staff training records and saw that staff had attended mandatory training as required. On the last inspection in July 2025 the provider had identified a number of trainings would be completed by 31 October 2025. This included applied safeguarding training, risk assessment training, person centred care training and medication training. All staff had completed these trainings as identified.

The person in charge discussed that new staff who had commenced employment recently or were due to commence employment in the weeks following the inspection would be receiving all mandatory training. The training matrix was clear and identified any required upcoming refresher training staff may require. The person in charge also provided evidence to the inspectors of emails sent to staff members who had upcoming training to be completed and a timeline to complete the training. Staff training was also observed to be discussed in the morning handover with staff members.

The provider had monthly administrator training team meetings taking place to ensure training needs and courses were being identified. The inspector was given minutes of meetings for the year 2025 to review.

The provider had procedures in place in terms of supervision of staff. The person in charge had supervision records for staff. All staff had completed supervision, including the person in charge.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had been previously inspected in July 2025, due to the findings on this inspection the registered provider was requested to submit an urgent compliance plan with regard to the governance and management and complaints of the designated centre. Overall during the July inspection a high level of non-compliance with the regulations was found.

The provider submitted a response to each which outlined how they would come into compliance with identified timelines. During this inspection it was found the provider had completed a number of the actions they had provided to the Chief Inspector as assurances. Overall this inspection found a significant higher level of compliance with the regulations. For example:

- A new area service manager had been appointed in August 2025 and it was seen that they were visiting the centre once a month supporting the person in charge and conducting full walk around of the centre and ensuring actions were being addressed. The area service manager had visited the centre the day prior to the inspection. Following the inspection the area service manager who was also one of the four person participating in management of the centre provided documented evidence of this visit.
- A new person in charge had been appointed and commenced their role in September as outlines in the compliance plan response.
- Monthly community management meetings were being held which were attended by members of the provider's national management structure and

reviewed the designated centre. Incidents, safeguarding, notifications, complaints, restrictive practices and residents updates. These meetings included details of actions agreed and a timeline to achieve.

- The National safeguarding lead of the provider was accessible to the person in charge. On the day of the inspection the safeguarding lead informed the person in charge that they were available to the inspectors if required. From the documents reviewed and speaking with the person in charge it was clear they had oversight and communication regarding any incidents or concerns in the designated centre.
- The designated centre had a defined management structure in place and since the previous inspection has the addition of three person participating in management to provide support and oversight. Roles that were previously vacant in the last inspection such as the Head of Services had been recently filled.
- The designated centre had the support from the provider's behaviour support specialist and clinical nurse specialist. This ensured local services were being supported and accessible by the provider, which also had been identified in the compliance plan.
- Regular house team meeting were also taking place. The inspector reviewed a sample of the minutes of these meetings from September and October 2025. Items discussed included updates in residents, activities planned for the week ahead, organisation review and update, health and safety, such as fire.

Overall the designated centre showed significant improvement with compliance to the regulations. Some improvement was required under Regulation 5: Individual assessment and personal plans which had been identified in the previous inspection. This will be discussed later in the report.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose with the registration application in June 2025. The inspector reviewed the statement of purpose on the day of the inspection which had been reviewed in October 2025 and accurately outlined the service provided and met the requirements of the regulations. It described the model of care and support delivered to residents and the day-to-day operation of the designated centre.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of an allegation, suspected or confirmed, of abuse to a resident.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had systems for the management of complaints in the centre. A complaints procedure was in place which described the procedures to follow when making a complaint. An easy read complaints form had been developed for residents, which was in an accessible layout. The centre had an appointed complaints officer also in place.

The provider had received an urgent action on the previous inspection in relation to this regulation as it had not followed its own process in the handling of a complaint that could have had a negative impact for a resident. On the day of inspection the follow up was reviewed and noted to be comprehensively resolved with evidence of engagement with the complainant. An inspector also reviewed other complaints received for the centre since the last inspection. The complaints reviewed identified that the providers systems had been followed and complaints had been recorded and addressed in an appropriate timeframe. Complaints received had tracked and recorded the process, investigation and outcome clearly.

On the day of the inspection the centre had received a complaint in the days prior. This complaint had been recorded and was in the process of being reviewed as per the providers own policy. The person in charge discussed this with the inspectors and from discussion the person in charge was dealing with it in a sensitive manner to support the best outcome for a resident.

Judgment: Compliant

Quality and safety

This inspection found that the centre was providing a safe and supportive environment that meets the individual and collective needs of the residents.

Residents' rights were promoted, protected, and respected in all aspects of care delivery.

Where some residents' required behavioural support, the provider had ensured these residents received regular multi-disciplinary reviews, as and when required. A behaviour support specialist was accessible to the centre to review this aspect of residents' care. Two residents had a behavioural support plans in place. The inspector reviewed these, they were found to provide clear information for staff and had been reviewed.

An inspector reviewed a sample of personal plans in place for the residents. These were found to be in an accessible format and provide clear information on resident assessed needs and supports required. The personal plans reviewed were seen to be reviewed in line with the action details provided in the compliance plan from the previous inspection in July 2025. Some improvement still was required to ensure daily notes were reflecting accurately that residents were completing their prescribed activities. This will be discussed under Regulation 5: Individual assessment and personal plans.

Regulation 17: Premises

Based on observations during this inspection, the premises provided for residents to live in was seen to be clean and well-furnished. On arrival to the centre and throughout the inspection day the inspectors observed the centre to be warm, clean and well organised throughout.

Each resident had their own bedroom, along with access to communal areas, such as living room, dining room and kitchen. There was an garden area surrounding the centre and outdoor seating area available to residents. Residents had access to communal bathrooms both downstairs and upstairs in the centre. The premises also had a utility room which contained laundry facilities.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place and reviewed by the inspector on the day of the inspection. It contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

After the last inspection in July 2025, areas for improvement were identified. The provider had a competent person complete a full fire report of the centre which identified actions to ensure areas of the centre had fire containment measures in working order. This report was completed in July 2025 and word was completed in September 2025. On the day of the inspection an inspector observed that all fire doors in the centre were in working order.

The centre had all fire certification in place which was again completed by a competent fire specialist company. Fire panel, lighting and extinguishers were all certified. For example the fire panel had been reviewed in September 2025 along with the emergency lighting in place.

An inspector reviewed a sample from August to October of the daily and weekly checks of exits, fire doors, fire panel and activation of the fire panel. It was seen that staff were completing these.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents. Two fire drills had taken place in September 2025. Additionally, staff working in the centre had completed onsite fire safety training.

Each resident had a personal emergency evacuation plan (PEEP) in place. These had been reviewed by the person in charge in October 2025 and accurately reflected the support required by each resident. For example, where a resident required 1:1 support or verbal reassurance to exit the centre this was clearly recorded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An inspector reviewed three residents' personal plans. Personal plans were kept in a locked press in the office. Since the previous inspection, the personal plans reviewed by an inspector had been reviewed and were in a clear and accessible format.

Overall, the personal plans reflected the assessed support needs of the resident's living in the centre. Residents had an assessment of need in place which outlined the staffing required to support the residents. The plans in place were informative and contained a profile of the residents.

Where a support need was identified, care and support plans were developed. In general, these were seen to be updated as required. For example, a resident was being supported with a medical condition of diabetes, had a support plan in place which provided detailed guidance to staff and the supports required to care for the residents.

However some review was required. In the last inspection the inspectors had identified that one resident had a plan from a physiotherapist to complete daily exercise. This plan was in place to support the resident with their health care needs. On the previous inspection it was unclear from a review of the daily notes if these exercises were being completed. Although documentation reviewed had improved it still did not provide assurances that the residents prescribed exercise programme was being completed daily as recommended. The inspectors reviewed a sample of the resident's daily notes which included a one week period for the month of September and October 2025. For both of these weeks combined it was documented that the resident had completed a walk and usual exercise six days out of a total of fourteen. The residents' daily notes recorded either exercise, usual exercise or a walk was completed and did not identify if this was the exercise programme.

The inspector reviewed documentation for resident goals they had in place. From the personal plans reviewed it was seen that residents goals were personalised to each resident. One resident spoke to the inspector about how they were enjoying knitting and would be commencing a knitting class located in the community. This was part of the resident's goal to attend the local knitting group. Residents enjoyed day trips and meals out to places of interest and local restaurants and cafes. Another resident also enjoyed having a massage and this was sourced in the community for them. However they did not want to avail of the community options and it was reviewed to have the therapist visit their home. The resident expressed this as their preferred option and it is now facilitated on an ongoing basis in line with resident choice. Regular key workers meetings were taking place with residents to review and discuss any new opportunities and review progress on goals in place. It was clear that staff supported residents through a person-centred approach to live lives of their own choosing and supported them with the various goals they wanted to achieve.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some residents in this designated centre had behaviour support plans in place. The inspector reviewed two of these plans and found they were detailed and reflective of the residents assessed needs.

The plans contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they

respond best. Behaviour support plans included identified behaviours of concern, triggers, and strategies both proactive and reactive.

There were some restrictive practices in use in the centre. These had been identified and a record of restrictive practices in the centre was being maintained by the person in charge. The person in charge discussed with the inspectors that ongoing work was being completed within the providers systems to review restrictions in place. In the following days after the inspection the person in charge provided an email to an inspector which identified measures in place the provider has for restrictive practices and that a review of all restrictive practices for the centre will be completed by December 2025.

For one resident who is finding it difficult to cope the person in charge was looking at alternative options to best support the needs of this resident. From a review of documentation it was noted that the person in charge sought additional support to have a more holistic support mechanism in place and had written a detailed outline of concerns to date, this was noted to be very respectful and written in a person centred and respectful manner. It was also observed on the day of inspection that staff and volunteer engagement was very respectful and engaging.

Judgment: Compliant

Regulation 8: Protection

The inspector found that appropriate safeguarding measures were in place to promote residents' safety and well being. Staff had up-to-date training in safeguarding vulnerable adults.

The provider had established clear mechanisms to monitor, review, and assess actual or potential safeguarding risks. Any safeguarding concerns, should they arise, would be subject to internal review and external reporting in line with national policy.

At the time of the inspection, there were three safeguarding plans in place. One safeguarding plan had been recently closed. An inspector reviewed the safeguarding plans in place.

Staff handover meeting that took place each morning highlighted that three safeguarding plans were in place also. Safeguarding was also an agenda item in regular staff house meetings and management meetings.

The atmosphere in the centre was warm, relaxed, and friendly. Interactions observed between residents were positive and supportive.

On the day of inspection it was also noted that there was oversight of safeguarding issues from the National lead and there was evidence of review and sign off. The

National lead had made themselves available for a call if any queries arose during the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days. Throughout the inspection, the inspector saw that each resident had choice and control in their daily life and how their lifestyles were being managed.

On the day of the inspection, some residents attended a day service, while others remained in their home and were supported as per their wishes. The inspectors had the opportunity to visit some of the residents in their day service. Residents appeared happy and to be enjoying the company and support of their peers and staff. Residents gave the inspectors a tour of the farm and garden area which they were very proud of.

The provider had an advocacy process in the organisation. The person in charge was aware of advocacy available to residents and was engaging with external advocacy to support residents where required.

Easy to read documents and social stories were available to residents. Social stories in place were seen to be specific to resident's needs. For example one resident had a social story on clothing for when it's cold outside.

Regular house team meeting were also taking place. The inspector reviewed a sample of the minutes of these meetings from September and October 2025. The centre was being reviewed in a person centred manner, these meetings highlighted to staff that the centre was the resident's home, and staff are working in a home environment for residents. Highlighting to staff the importance of knocking on residents doors before entering was also discussed to ensure residents rights, privacy and dignity were upheld and respected.

Residents were also supported with regular residents meetings. The inspector reviewed a sample of these from August and September 2025. These meeting discussed items such as incidents, complaints, compliments. In one meeting that took place in August 2025 five residents were present and discussed fire and different scenarios of which door to exit in the event of a fire in different areas of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Dingle OSV-0003609

Inspection ID: MON-0047080

Date of inspection: 04/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A tracker that clearly shows the exercises recommended by the physiotherapist for one resident is now in place since 04/11/2025.</p> <p>Staff had created an exercise sheet with photos of the resident and staff doing the exercises to support the resident to know what exercises the physiotherapist had recommended, and to encourage the resident to do the exercises by having pictures of the resident demonstrating the exercise, which are more motivational for the resident than having pictures of unknown people demonstrating the exercise. This exercise sheet was developed into a tracker on 04/11/2025 where staff are documenting which exercises the resident has completed on a daily basis. Where the resident declines to do an exercise, staff will document that the resident has declined and the reason, for example, if the resident was sick, or opted to go on an outing in the community instead. Staff will continue to review with the physiotherapist annually.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	04/11/2025